



SOCIAL SECURITY CONSENT FORM

State Form 50824 (2-02)

Approved by the State Board of Accounts 2002

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

Toll Free: (888) 286-3544

www.in.gov/trf

CONSENT FOR DISCLOSURE OF INFORMATION TO INDIANA STATE TEACHERS' RETIREMENT FUND

I, _____, hereby authorize the Social Security Administration to release to the Indiana State Teachers' Retirement Fund (ISTRF) on an annual basis information documenting and/or confirming my eligibility or ineligibility to receive Social Security Disability Benefits. I do so with full knowledge that this information is confidential and as such protected from unauthorized disclosure by the Privacy Act, 5 U.S.C. 255a. It is also my understanding that any information provided shall be treated confidentially and be used solely to determine whether I am entitled to receive ongoing disability retirement benefit payments from ISTRF. Finally, I understand that this consent may be revoked at any time. Until such time as I do so revoke this consent in writing, however, this consent shall remain in full force and effect and the Social Security Administration may rely on this consent to responding to request from ISTRF each year, for as many years as ISTRF needs this information to confirm my continued eligibility to receive ISTRF benefits.

Date

Member's Name (printed)

Member's ISTRF Number

Member's Signature

Member's Social Security Number

Member's Address

To the Social Security Administration:

This information is being requested to assist in the administration of disability retirement benefits for the above named individual. The information will be held to be confidential and shall not be disclosed other than in the administration of the retirement program except by written request or consent of the above named individual.

Date

Signature of ISTRF Representative

Please forward the requested eligibility information to us at the above address. Thank you for assisting us in serving this individual.